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FACSIMILE: (703) 684-1157

DEC 10 2007

Date: December 10, 2007

FACSIMILE COVER LETTER

Facsimile Number: 571 273-8300

To: Examiner X.M. Chung Trans
Group Art Unit 2833, USPTO

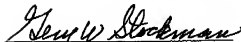
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/517,302
Attorney Docket No.: SAK-37

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Amendment;
Petition for Extension of Time (two months); and
Credit Card Payment Form in amount of \$460.00 in payment of
two month extension fee.



Gene W. Stockman
Reg. No. 21,021

December 10, 2007.
Date

Total Number of Pages (including cover sheet): ____

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Form PTO-1083

Patent

In RE application of M. KODAIRA et al

Case Docket No. SAK-37

Serial No.: 10/517,302

Group Art Unit: 2833

For: COAXIAL CABLE WITH PLUG

Examiner: X.M. Chung Trans

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	3	Minus	** 20	=
Indep.	1	Minus	*** 3	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$460.00 is attached for two month EOT.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 
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Attorney for Applicant(s)

Date: December 10, 2007